



POTENTIAL HAZARDOUS WASTE SITE
INSPECTION REPORT

REGION SITE NUMBER (to be assigned by HQ)

I NH 10005

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME
K. J. Quinn
C. CITY
Seabrook
B. STREET (or other identifier)
Folly Mill Road
D. STATE
N.H.
E. ZIP CODE
03874
F. COUNTY NAME
Rockingham

G. SITE OPERATOR INFORMATION

1. NAME
K. J. Quinn & Company, Inc
2. TELEPHONE NUMBER
617-321-3200
3. STREET
195 Canal Street
4. CITY
Malden,
5. STATE
MA
6. ZIP CODE
02148

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME
3. CITY
2. TELEPHONE NUMBER
4. STATE
5. ZIP CODE

I. SITE DESCRIPTION

Dump site is 20' x 70' x 15' pit

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)
8/80
B. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME Stephen Mangion
2. TELEPHONE NUMBER
603-271-4610
3. DATE (mo., day, & yr.)
7/7/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME Stephen Mangion
2. TITLE Environmentalist II
3. ORGANIZATION
NH Bureau of Solid Waste Management
4. TELEPHONE NO. (area code & no.)
603-271-4610

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Tom Roy	BSWM	603-271-4611

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Al DeNuzzio	VP, 617-321-3200	195 Canal St., Malden, MA
Sam Gray	VP, 617-321-3200	195 Canal St., Malden, MA
Marvin Feldman	Engineer 617-321-3200	195 Canal St., Malden, MA
Larry Willwerth	Chemist 617-321-3200	195 Canal St., Malden, MA

Superfund Records Center
SITE: QUINN
BREAK: 536084
OTHER:



I. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
K.J. Quinn	321-3200	195 Canal St., Malden, MA	Off-spec. polymers

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
/			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
/		

G. DATE OF INSPECTION

(mo., day, & yr.)
May and June/80

H. TIME OF INSPECTION

afternoon

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

Fair

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER	X	NH WS&PCC	unknown
b. SURFACE WATER			
c. WASTE	X	NH WS&PCC	unknown
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
/		

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

BSWM

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☒ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code): 2821

C. AREA OF SITE (in acres)

3

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): 4 manufacturing buildings

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):
		9. OTHER (specify):	buried drums in a pit

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☒ 2. IGNITABLE ☐ 3. RADIOACTIVE ☒ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☒ 7. INERT ☒ 8. FLAMMABLE

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit or measure) of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE		drum contain MEK and xylene as solvents for polymers	(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMELTING WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS	paint cans, solidified polyurethane	
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(specify):		
			butyl acetate		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
MEK		X				X			UNKNOWN	
XYLENE		X				X			UNKNOWN	
BUTYL ACETATE		X				X			11	drums

VII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☒ D. CONTAMINATION OF WATER SUPPLY

Possible

☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER

probable, drums without covers were dumped into a pit. wastes in the drums were often liquid.

☐ G. CONTAMINATION OF SURFACE WATER

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☒ K. NOTICEABLE ODORS

only when pit was excavated

☒ L. CONTAMINATION OF SOIL

see F

☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

see F

☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☒ T. MIDNIGHT DUMPING

K.J. Quinn dug the pit on their property without notifying this office

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	--	200 in 1000 ft.	0	
2. IN COMMERCIAL OR INDUSTRIAL AREAS	--			
3. IN PUBLICLY TRAVELLED AREAS	--			
4. PUBLIC USE AREAS (parks, schools, etc.)	--			

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) approx. 20 feet	B. DIRECTION OF FLOW unknown	C. GROUNDWATER USE IN VICINITY yes
D. POTENTIAL YIELD OF AQUIFER unk.	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) approx. 1000 feet	F. DIRECTION TO DRINKING WATER SUPPLY east
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input checked="" type="checkbox"/> 2. COMMUNITY (specify town): <u>Salisbury, MA</u> > 15 CONNECTIONS		
<input type="checkbox"/> 3. SURFACE WATER <input checked="" type="checkbox"/> 4. WELL		

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
yes	30 feet	Folly Mill Road, 1000 feet from K J Quinn		X

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☒ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

maybe

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. CVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND				
	2. CLAY				
X	3. GRAVEL				

XIII. SOIL PERMEABILITY

☒ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☒ 1. YES☐ 2. NO

3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

unknown

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

/

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
NPDES	NH WS&PCC	NH 000 1091	1/5/72	1/5/83	X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE
 ☒ YES (summarize in this space)

Order to excavate drums has been complied with currently setting up a monitoring program

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.